



Real Estate Assets Department
SDC003

CanyonSide Stables, LLC
H504 R0 - 004 - D00

Document Type

LEGAL DOCUMENTS



Sub - Category

SUBLEASES



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/10/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Goetz Insurors, Inc. 227 Main St Fort Morgan, CO 80701 Equine Insurance Department		970-867-8246 970-867-4408	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: HORS-LL	FAX (A/C, No):
INSURED Horsebound, LLC c/o Katie Thomas 2033 San Elijo Hills # 185 Cardiff, CA 92007-1726			INSURER(S) AFFORDING COVERAGE INSURER A: American Bankers Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
			NAIC # 10111	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		SL1166799	02/05/13	02/05/14	EACH OCCURRENCE \$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	☐ CLAIMS-MADE ☒ OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC						PERSONAL & ADV INJURY \$ 1,000,000
A	UMBRELLA LIAB	X		FOU0010359	02/05/13	02/05/14	GENERAL AGGREGATE \$ 2,000,000
	EXCESS LIAB						PRODUCTS - COMP/OP AGG \$ 2,000,000
	DEDUCTIBLE						
	☒ RETENTION \$ 5,000						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					COMBINED SINGLE LIMIT (Ea accident) \$ EXCLUDED
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						BODILY INJURY (Per person) \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ EXCLUDED
							E.L. DISEASE - EA EMPLOYEE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					E.L. DISEASE - POLICY LIMIT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						
	If yes, describe under DESCRIPTION OF OPERATIONS below						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

****ITS ELECTED OFFICIALS, REPRESENTATIVES, & EMPLOYEES**
Certificate holder is additional insured as their interests may appear

CERTIFICATE HOLDER

CANCELLATION

CITY OF SAN DIEGO**
1200 THIRD AVE STE 1700
San Diego, CA 92101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE